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APPLICANTS

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** CONTINUING DATA *None, R.J.*** FOREIGN APPLICATIONS *None, R.J.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/22/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	9	29	6
Verified and Acknowledged	Examiner's Signature <i>R.S.</i> Initials				

ADDRESS

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TITLE

Capacitor cancellation method and apparatus

FILING FEE RECEIVED 1154	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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		<input type="checkbox"/> 1.18 Fees (Issue)
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